_	· · · · · · · · · · · · · · · · · · ·			ober 1, 20					D50	10	79.	912
_		CLAIMS A	AS FILED (Colum		-	umn 2)		SMALL TYPE	ENTITY	OR	•	R THÂN ENTITY
7	OTAL CLAIMS	5	1	11.				RATE	FEE	] .	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 385.00	OR	BASIC FE	770.00
T	OTAL CHARGE	ABLE CLAIMS	1); n	/ ). minus 20=		• . p		X\$ 9=	0	OR	X\$18=	
INDEPENDENT CLAIMS				/ minus 3 =		0		X43=	i	OR	X86=	
M	ULTIPLE DEPE	NDENT CLAIM F	PRESENT	RESENT				. 145	7			<del>                                     </del>
١.	the differenc	e in column 1 is	less than	zero, enter	"0" in (	column 2		+145=	14.	OR	+290=	ļ
		CLAIMS AS	AMENDE	D - PAR	ΓH .	12-27.	0		6.370	OR	TOTAL	THAN
		(Column 1)		(Colun	าก 2)	(Column 3)			ENTITY	OR	SMALL	
A PURCHANA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₹ 2	Total	. 18	Minus	0	w			X\$ 9=	-	OR	X\$18=	
	Independent	. 2	Minus	***	3	= _	-	X43=		OR	X86=	
_	FIRST PRESI	ENTATION OF M	ULTIPLE DI	PENDENT	CLAIM			1146-	1		+290=	
				•			L	+145=	<u> </u>	OR	TOTAL	
	(Column 1) (Column 2) (Column 3)						A	DDIT. FEE		OR	ADDIT. FEE	ě
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST	(Column 3)	Г	_	ADDI-	1 :1		ADDI-Z
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	•	Minus		•	8		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••				X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T	+145=			+290=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							L	TOTAL		OR OR	TOTAL	10年の
	•	(Column 1)		(Colum	n: 2)	(Column 3)	. AI	DDIT. FEE			ODIT. FEE	<u> </u>
AMENDINEIN C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	st Er Isly	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••				X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	·	•	1	X43=			X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+			OR		
t	the entry in colur	nn 1 is less than th	e entry in colu	ımn 2, write "(	o" in colu	mn 3.	L	+145=		OR [	+290=	
• t	the "Highest Nur the "Highest Nur	mber Previously Pa mber Previously Pa ber Previously Paid	id For IN THI id For IN TH	S SPACE is I	ess than	20, enter *20.*		TOTAL DIT. FEE			DOIT. FEE	:
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Application or Docket Number